



HOUSING VOUCHER PROGRAMS - POLICY & PROCEDURES MANUAL - APPENDIX H

Chapter 5: Eligibility and Denial of Assistance

**EXHIBIT 5-5
VERIFICATION REQUIREMENTS**

ACCEPTABLE SOURCES					
Factor to be Verified	Third Party		Documents Provided by Applicant	Self-Declaration	Information Which Must Be Obtained/ Verification Tips
	Written	Oral			
<ul style="list-style-type: none">• Employment Income.	<ul style="list-style-type: none">• Verification Form with signed Consent to Release completed by employer.	<p>Wages and Salaries</p> <ul style="list-style-type: none">• Telephone or in person contact with employer, specifying amount to be paid per pay period and length of pay period. Document in file by the PHA.	<ul style="list-style-type: none">• W-2 Forms, if applicant has had some employer for at least two years and increases can be accurately projected, or check stub or earning statements.• Paycheck stubs or earning statements.	<ul style="list-style-type: none">• Notarized statements or affidavits signed by applicant which describe amount & source of income.	<ul style="list-style-type: none">• Frequency of gross pay (i.e., hourly, bi-weekly, monthly, bi-monthly).• Anticipated increases in pay effective dates.• Require most recent 6-8 consecutive paystubs; do not use check without stub.
<ul style="list-style-type: none">• Self-employment, tips, gratuities, etc.	None available.	None available.	<ul style="list-style-type: none">• Form 1040/1040A showing amount earned and employment period.	<ul style="list-style-type: none">• Notarized statement or affidavit signed by applicant showing amount earned and pay period.	
<ul style="list-style-type: none">• Income maintenance payments, income benefits, income other than wages (i.e., welfare, Social Security, Supplemental Security Income (SSI), Disability Income, Pensions).	<ul style="list-style-type: none">• Award or benefit notification letters prepared and signed by authorizing agency.• Print-out of benefit amounts generated by PHA through automated tie-in to welfare department computers.	<ul style="list-style-type: none">• Telephone or in-person contact with income source, documented in file by the PHA.• Note: For all oral verification, file documentation must include facts, time & date of contract and name & title of third party.	<ul style="list-style-type: none">• Current or recent check with date, amount, and check number recorded by the PHA.• Award Letters.• Copies of validated bank deposit slips/with identification by bank.• Most recent quarterly pension account statement.		<ul style="list-style-type: none">• Checks or automatic bank deposit slips may not provide gross amounts of benefits if applicant has deductions made for Medicare Insurance. Confirm amount of the Medicare premium with the Social Security Administration (SSA).• If local Social Security Administration (SSA) fails to provide verification, checks or automatic deposit slips may be accepted as interim verification of SS or SSI; however, the PHA must notify the HUD Field Office of SSA's refusal to verify.• Copying of U.S. Treasury checks is not permitted.

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	Third Party		Documents Provided by Applicant	Oral		
	Written					
• Welfare payments (as-paid states only).	• Verification form completed by welfare department indicating maximum amount family may receive. • Maximum shelter schedule by household size with ratable reduction schedule.	• Telephone or in-person contact with income source, documented in file by PHA.	• Maximum shelter allowance schedule with ratable reduction schedule with ratable reduction schedule provided by applicant.	• Not appropriate.	• Actual welfare benefit amount not sufficient as proof of income in "as paid" states or localities since income is defined as maximum shelter amount.	
• Unemployment compensation.	• Verification form, with signed Consent to Release, completed by source.	• Telephone or in person contact with agency documented in a PHA file.	• Copies of checks or records from agency provided by applicant stating payment amounts and dates. • Benefit notification letter signed by authorizing agency.		• Frequency of payments and expected length of benefit term must be verified. • Income not expected to last full 12 months must be calculated based on 12 months and interim-completed when benefits stop.	
• Alimony or child support.	• Copy of separation or divorce agreement provided by ex-spouse or court indicating type of support, amount, and payment schedule. • Written statement provided by ex-spouse or income source indicating of all of above. • If applicable, written statement from court/attorney that payments are not being received and anticipated date of resumption of payments.	• Telephone or in person contact with ex-spouse or income source documented in file by the PHA.	• Copy of most recent check, recording date, amount, and check number. • Recent original letters from the court.	• Notarized statement or affidavit signed by applicant indicating amount received. • If applicable, notarized statement or affidavit from applicant indicating that payments are not being received and describing efforts to collect amounts dues.	• Amounts awarded but not received can only be excluded from annual income when applicants have made reasonable efforts to collect amounts due, including filing with courts or agencies responsible for enforcing payments.	
• Recurring contributions and gifts.	• Notarized statement or affidavit signed by the person providing the assistance giving the purpose, dates, and value of gifts.	• Telephone or in person contact with source documented in file by PHA.	• Not applicable.	• Notarized statement or affidavit signed by applicant stating purpose, dates, and value of gifts.	• Sporadic contributions and gifts are not counted as income.	

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	Third Party		Documents Provided by Applicant	Self-Declaration	
	Written	Oral			
<ul style="list-style-type: none">Net Income for a business.	<ul style="list-style-type: none">Not applicable.	<ul style="list-style-type: none">Not applicable.	<ul style="list-style-type: none">IRS Form 1040 with Schedule C, E, or F.Financial Statement(s) of the business (audited or unaudited) including an accountant's calculation of straight-line depreciation expense if accelerated depreciation was used on the tax return or financial statement.Any loan application listing income derived from business during preceding 12 months.For rental property, copies of recent rent checks, on lease and receipts for expenses or IRS Schedule E.	<ul style="list-style-type: none">Not appropriate.	<ul style="list-style-type: none">The PHA must obtain enough information to accurately project income over next 12 months.Verify interest rate as well as asset value.
<ul style="list-style-type: none">Dividend income and savings account interest income.	<ul style="list-style-type: none">Verification form with signed consent to release, completed by bank.	<ul style="list-style-type: none">Telephone or in-person contact with appropriate party, documented in file by the PHA.	<ul style="list-style-type: none">Copies of current statements, bank passbooks, certificates of deposit, if they show required information (i.e., current rate of interest).Copies of IRS Form 1099 from the financial institution and verification of projected income for the next 12 months.Broker's quarterly statements showing value of stocks/bonds and earnings credited the applicant.	<ul style="list-style-type: none">Not appropriate.	

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<ul style="list-style-type: none">Interest from sale of real property (e.g., contract for deed, installment sales contract, etc.)	<ul style="list-style-type: none">Verification form, with signed consent to release, completed by an accountant, attorney, real estate broker, the buyer, or a financial institution which has copies of the amortization schedule from which interest income for the next 12 months can be obtained.	<ul style="list-style-type: none">Telephone or in-person contact with appropriate party, documented in file by the PHA.	<ul style="list-style-type: none">Copy of the amortization schedule, with sufficient information for the PHA to determine the amount of interest to be earned during the next 12 months.Note: Copy of a check paid by the buyer to the applicant is not acceptable.	<ul style="list-style-type: none">Notarized statement or signed affidavit stating cash value of assets or verifying cash held at applicant's home or in safe deposit box.	<ul style="list-style-type: none">Only the interest income is counted; the balance of the payment applied to the principal is merely a liquidation of the asset.The PHA must get enough information to compute the actual interest income for the next 12 months.
<ul style="list-style-type: none">Current net family assets.	<ul style="list-style-type: none">Verification forms, letters or documents with signed Consent to Release, forms from financial institutions, stock brokers, real estate agents, employers indicating the current value of the assets and penalties, or reasonable costs to be incurred in order to convert non-liquid assets into cash.	<ul style="list-style-type: none">Telephone or in-person contact with appropriate source, documented in file by the PHA.	<ul style="list-style-type: none">Passbooks, checking or savings account statements, certificates of deposit, property appraisals, stock or bond documents or other financial statements completed by financial institution.Copies of real estate tax statements, if tax authority uses approximate market value.Quotes from attorneys, stock brokers, bankers, real estate agents, verifying penalties, reasonable costs incurred to convert asset to cash.Copies of real estate closing documents which indicate distribution of sales proceeds and settlement costs.	<ul style="list-style-type: none">Use current balance in saving accounts, average monthly balance in checking accounts for last 6 months.Use cash value of all assets: the net amount the applicant would receive if the asset were converted to cash.Note: This information can usually be obtained simultaneously with income from asset verification and employment verification (value of pension).	<ul style="list-style-type: none">Use current balance in saving accounts, average monthly balance in checking accounts for last 6 months.Use cash value of all assets: the net amount the applicant would receive if the asset were converted to cash.Note: This information can usually be obtained simultaneously with income from asset verification and employment verification (value of pension).

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	Third Party		Documents Provided by Applicant			
	Written	Oral				
<ul style="list-style-type: none"> Assets disposed of for less than fair market value. 	<ul style="list-style-type: none"> None required. 	<ul style="list-style-type: none"> None required. 	<ul style="list-style-type: none"> None required. 	<ul style="list-style-type: none"> Certification signed by applicant that no member of family has disposed of assets for less than fair market value during preceding 2 years. If applicable, certification signed by applicant that shows: <ul style="list-style-type: none"> - Type of assets disposed of, - Date disposed of, - Amount received, and - Market value of asset at the time of disposition. 	<ul style="list-style-type: none"> Only count assets disposed of within a two year period prior to examination or re-examination. 	
<ul style="list-style-type: none"> Family composition. 	<ul style="list-style-type: none"> None required. 	<ul style="list-style-type: none"> None required. 	<ul style="list-style-type: none"> Income tax returns, school records, marriage certificates, birth certificates, divorce actions, Veterans Administration (VA) records, support payment records. 			
<ul style="list-style-type: none"> Family type. (Information verified only to determine eligibility for preferences and allowances.) 	<ul style="list-style-type: none"> Disability Status: statement from physician or other reliable source, if benefits documenting status are not received.) Displacement Status: Written statement or certificate of displacement by the appropriate governmental authority. 	<ul style="list-style-type: none"> Telephone or in-person contact with source documented in file by the PHA. 	<ul style="list-style-type: none"> Elderly Status (when there is reasonable doubt that applicant is at least 62): birth certificate, baptismal certificate, social security records, driver's license, census record, official record of birth or other authoritative document or receipt of SSI old age benefits or SS benefits. Disabled, blind – evidence of receipt of SSI or Disability benefits. 	<ul style="list-style-type: none"> Elderly Status: Applicant's signature on Application is generally sufficient. 	<ul style="list-style-type: none"> Unless the applicant receives income or benefits for which elderly or disabled status is a requirement, such status must be verified. Status of disabled family members must be verified for entitlement to \$480 dependent deduction and disability assistance allowance. 	

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<ul style="list-style-type: none"> Medical expenses. 	<ul style="list-style-type: none"> Verification by a doctor, hospital, or clinic, dentist, pharmacist, etc. of estimated medical costs to be incurred or regular payments expected to be made on outstanding bills which are not covered by insurance. 	<ul style="list-style-type: none"> Telephone or in-person contact with these sources, documented in file by the PHA. 	<ul style="list-style-type: none"> Copies of cancelled checks which verify payments on outstanding medical bills which will continue for all or part of the next 12 months. Copies of income tax forms (Schedule A, IRS Form 1040) which itemize medical expenses, when the expenses are not expected to change over the next 12 months. Receipts, cancelled checks, pay stubs, which indicate health insurance premium costs, or payments to a resident attendant. Receipts or ticket stubs which verify transportation expenses directly related to medical expenses. 	<ul style="list-style-type: none"> Notarized statement or signed affidavit of transportation expenses directly related to medical treatment, if there is no other source of verification. 	<ul style="list-style-type: none"> Medical expenses are not allowable as deduction unless applicant is elderly or disabled household. Status must be verified.
<ul style="list-style-type: none"> Care attendant for disabled family members. 	<ul style="list-style-type: none"> Written verification from attendant stating amount received, frequency of payments, hours of care. Written certification from doctor or rehabilitation agency that care is necessary to employment of household member. 	<ul style="list-style-type: none"> Telephone or in-person contact with source documented in file by the PHA. 	<ul style="list-style-type: none"> Copies of receipts or cancelled checks indicating payment amount and frequency. 	<ul style="list-style-type: none"> Notarized statement or signed affidavit attesting to amounts paid. 	<ul style="list-style-type: none"> The PHA must determine if this expense is to be considered medical or disability assistance.

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<ul style="list-style-type: none">• Auxiliary apparatus.	<ul style="list-style-type: none">• Written verification from source of costs and purpose of apparatus.• Written certification from doctor or rehabilitation agency that use of apparatus is necessary to employment of any household member.• In case where the disabled person is employed, statement from employer that apparatus is necessary for employment.	<ul style="list-style-type: none">• Telephone or in-person contact with these sources documented in file by the PHA.	<ul style="list-style-type: none">• Copies of receipts or evidence of periodic payments for apparatus.		<ul style="list-style-type: none">• The PHA must determine if expense is to be considered medical or disability assistance.
<ul style="list-style-type: none">• Child care expenses	<ul style="list-style-type: none">• Written verification from person who provides care indicating amount of payment, hours of care, names of children, frequency of payment, and whether or not care is necessary to employment or education.	<ul style="list-style-type: none">• Telephone or in-person contact with these sources documented in file by the PHA.	<ul style="list-style-type: none">• Copies of receipts or cancelled checks indicating payments.		<ul style="list-style-type: none">• Allowance provided only for care of children 12 and younger• When same care provider takes care of children and disabled person, the PHA must pro-rate expenses accordingly.• PHAs should keep in mind that costs may be higher in summer months, and during holiday periods.• The PHA must determine which household member has been enabled to work.• Care for employment and education must be prorated to compare to earnings.

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<ul style="list-style-type: none">• Full-time student status (of family member 18 or older, excluding head, spouse, or foster children).	<ul style="list-style-type: none">• Verification from the Admissions or Registrar's Office or dean, counselor, advisor, etc. or from VA Office.	<ul style="list-style-type: none">• Telephone or in-person contact with these sources documented in file by the PHA.	<ul style="list-style-type: none">• School records, such as paid fee statements, which show a sufficient number of credits to be considered a full-time student by the educational institution attended.		
	<ul style="list-style-type: none">• Verification from reliable medical source.	<ul style="list-style-type: none">• Telephone or in-person contact with these sources documented in file by the PHA.			